

Fallon Advantage Qualified High-Deductible Plan with HAS

Benefit Summary*

July 1, 2021

BENEFIT	FALLON ADVANTAGE QHDP
Deductible	\$1,500 Individual / \$3,000 Family Under this new QHDP health plan, the City will contribute half of your deductible level to your HSA account each plan year.
Out of Pocket Maximum	\$5,000 Individual/\$10,000 Family
Preventive Wellness Visit	\$0
PCP Office Visit	T1/T2: \$20 T3: \$25 (per visit after deductible)
Specialist Visit	T1/T2: \$40 T3: \$50 (per visit after deductible)
Prescriptions	Retail - \$10/\$30/\$60 after deductible (up to a 30-day supply) Mail order - \$25/\$75/\$180 after deductible (up to a 90-day supply) Deductible waived for certain preventive drugs
Inpatient Hospital	T1/T2: \$275 T3: \$750 (copayment after deductible)
Outpatient Surgery	T1/T2: \$250 T3: \$500 (copayment after deductible)
Diagnostic Services (Lab, X-ray, etc.)	Covered in full after deductible
CT scans, MRIs, PET scans	\$50 after deductible – non hospital setting \$100 after deductible – hospital setting
Short-term Rehab: Outpatient, OT, PT	\$25 per visit after deductible
Routine annual eye exam	Covered in full
Chiropractor (12 visits per benefit year)	\$25 per visit after deductible
Outpatient Mental Health	\$20 per visit after deductible
Inpatient Mental Health	Covered in full after deductible
Durable Medical Equipment (wheelchairs, crutches, etc.)	20% coinsurance after deductible
ER Visit (Waived if Admitted)	\$150 copayment after deductible
Outpatient Substance Abuse	\$20 per visit after deductible
Inpatient Substance Abuse	Covered in full after deductible
PREMIUM RATES Monthly Premium (IND/FAM)	\$577.27 / \$1,433.25
Employee Cost Weekly (IND/FAM) Bi-Weekly (IND/FAM) Semi-Monthly (IND/FAM) Monthly (IND/FAM)	\$33.30 / \$82.69 \$66.61 / \$165.38 \$72.16 / \$179.16 \$144.32 / \$358.31

* This is a brief summary of some of the benefits offered. Additional details can be found in the complete plan descriptions.

**Eligibility regulations must be met in order to enroll in this plan